



PERFORMANCE AGREEMENT

BETWEEN

MINISTER AND SECRETARY

Ministry Of Health

(July 1, 2016 – June 30, 2017)

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Preamble

The Performance Agreement is entered into between the Prime Minister and Minister, Ministry Of Health.

The objectives of this Performance Agreement are:

- a) To establish clarity and consensus about annual priorities for the Ministry Of Health consistent with the 11th Five Year Plan , and Government's other priorities;
- b) To make the Ministry Of Health fully responsible for driving implementation and delivering the results against the annual priorities;
- c) To provide an objective and fair basis for evaluating the Ministry's overall performance at the end of the year;

The Performance Agreement represents an important accountability mechanism for inculcating a performance based culture at all levels of government.

THEREFORE, the parties hereto agree as follows:

Section 1: Vision, Mission and Objectives

Vision

A nation with the best Health

Mission

(1) To provide healthcare services of quality in both traditional and modern medicines; (2) To prevent, control, eliminate and eradicate diseases; (3) To rehabilitate and promote healthy living; and (4) To ensure sustainable, responsive, equitable, accessible, reliable and affordable health services.

Objectives

- 1) To strengthen diagnostic, curative and palliative healthcare services
- 2) To consolidate and expand health infrastructure and services
- 3) To improve preventive, promotive and rehabilitative healthcare services
- 4) To strengthen traditional medicinal services in a sustainable manner
- 5) To promote good governance and financially sustainable healthcare
- 6) To enhance efficiency and effectiveness of G2C services
- 7) To improve Ease of Doing Business Ranking
- 8) To create a conducive environment for gender equality and child protection
- 9) To prevent corruption

Section 2: Objectives, Success Indicators & Target

Objective	Weight	Action	Success Indicator	Unit	Weight	Excellent [100%]	Very Good [90%]	Good [80%]	Fair [70%]	Poor [60%]
To strengthen diagnostic, curative and palliative healthcare services	20	Ensure availability of essential drugs and consumables in health facilities	Percentage of health facilities with 95% of essential medicines available at any point of time	Percent	1.5	96	95	94	93	92
			Percentage of health facilities with 90% of standard consumables available at any point of time	Percent	1.5	90	88	86	84	82
			Percentage of wastage of medical supplies maintained	Percent	2	<5%	-	-	-	>5%
		Ensure functionality of medical equipment	Proportion of medical equipment functional in all health centers at all point of time	Percent	1.5	90	88	86	84	80
		Ensure quality laboratory results	Percentage of laboratories with internal quality established in hospitals and BHU I	Percent	1.5	96	95	94	93	93
		Strengthen Emergency Medical Services	Number of hospitals with Health Emergency Contingency Plan	Number	1	6	5	4	3	2
		Improve pool and deployment of doctors	Number of Dzongkhags with at least three doctors	Number	2	18	17	-	-	16
		Promote community-based elderly care program	Number of Dzongkhags with integrated community-based elderly care program established	Number	1.5	5	4	3	2	1
		Increase nursing staff strength	Nurse to bed ratio	Percent	2	1:6.5	1:7	1:7.5	1:8	1:8.5
		Strengthen telemedicine services	Number of hospitals and BHU-I with functional telemedicine facilities	Number	2	8	7	6	5	4
		Maintain OPD waiting time	Nationwide OPD waiting time from 9 to 11 am	Minutes	2	20	21	22	-	23
Improve ambulance services	TAT for ambulance dispatched	Minutes	1.5	<10	-	-	-	>10		
To consolidate	20	Expand health	Percentage of physical progress in	Percent	3.5	75	70	65	60	55

and expand health infrastructure and services		infrastructure	construction of 150 bedded Central Regional Referral Hospital								
			Percentage of physical progress in construction of 40 bedded Tsirang Hospital	Percent	3.5	60	55	50	45	30	
			Percentage of physical progress in construction of 40 bedded Deothang Hospital	Percent	3	35	30	25	20	15	
			Percentage of physical progress in construction of 150 bedded MCH hospital	Percent	3.5	25	20	15	10	5	
			Percentage of physical progress in construction of 20 bedded Haa hospital	Percent	3	40	35	30	25	10	
			Percentage of physical progress in construction of VBDCP office	Percent	3.5	100	95	80	75	60	
To improve preventive, promotive and rehabilitative healthcare services	20	Enhance national response on non-communicable lifestyle related diseases	Number of Health facilities with detoxification services	Number	1.5	7	6	5	4	3	
			Number of Dzongkhags implementing active community outreach NCD prevention	Number	1	10	8	7	6	5	
			Number of Non-communicable Diseases/Diabetes clinics established in hospitals and BHU I	Number	1.5	5	4	3	2	1	
			Timeline by which Outdoor gyms are established in 20 districts each	Date	1	September 2016	October 2016	November 2016	December 2016	January 2017	
			Timeline by which Health Impact Assessment Tool is finalized	Date	1	November 2016	December 2016	January 2017	February 2017	March 2017	
	Improve access to safe drinking water and sanitation			Percentage of rural household with access to improved sanitation	Percent	2	75	74	73	72	70
				Percentage of rural households with functional water supply coverage	Percent	2	85	84	83	82	80
	Promote institutional delivery			Percentage of institutional delivery	Percent	2	83	82.5	82	81.5	81
	Finance essential RH			Percentage of essential reproductive	Percent	2	34	30	25	20	15

		commodities (contraceptives) through the national budget	health commodities (contraceptives) financed through the national budget							
		Improve nutrition status of the population	Percentage of health centers carrying out active growth monitoring and follow up for children under 5 years	Percent	2	90	85	80	75	70
		Strengthen communicable diseases prevention and control	Number of Dzongkhags with 95% immunization coverage of children under 1 year	Number	1	19	18	17	16	15
			Sustain 90% HIV testing coverage for Ante-Natal Clinic (ANC) attendees in all districts	Number	1	20	18	17	15	12
		Equip Royal Center for Disease Control (RCDC)	Timeline by which Bio-Safety Level 3 Laboratory functional at Royal Center for Disease Control	Date	1	March 2017	April 2017	May 2017	-	June 2017
			Timeline by which National Drug Testing Laboratory operational at Royal Center for Disease Control	Date	1	December 2016	January 2017	February 2017	March 2017	April 2017
To strengthen traditional medicinal services in a sustainable manner	15	Develop Traditional Medicine Services Strategy	Timeline by which Traditional Medicine Services Strategy finalized	Date	3	April 2017	May 2017	June 2017	June 2017	June 2017
		Strengthen production capacity in traditional medicines	Output production of traditional medicines	MT	2.5	13	12.5	12	11.5	11
			Number of Spa and wellness products developed	Number	2.5	2	-	-	-	1
		Expansion of Lang-dhug & Numtsug services	Number of TM units with Lang-dhug & Numtsug Services	Number	2.5	10	8	6	4	2
		Expand the reach of traditional medicine services	Number of health facilities providing traditional medicine services	Number	2.5	3	2	-	-	1
Total Annual Average Traditional Medicine cases	No Unit		2	3485	3274	3063	2852	2640		
To promote good	10	Implement Continuous Quality Improvement	Percentage of health facilities (all hospitals and BHU I) with functional	Percent	1.5	100	95	90	85	80

governance and financially sustainable healthcare		(CQI)	Continuous Quality Improvement (CQI) in place							
		Full financing of Essential Drugs and Vaccines by BHTF	Percentage of essential drugs financed fully by BHTF	Percent	1.5	100	95	90	85	80
			Percentage of Pentavalent vaccines financed fully by BHTF	Percent	1.5	100	95	90	85	80
		Increase fund capital and investments of BHTF	Increase in fund capital	Nu. (Million)	2	10	9	8	7	6
		Develop National Health Act	Timeline by which the draft National Health Bill is consulted and discussed with the stakeholders	Date	2	January 2017	February 2017	March 2017	April 2017	May 2017
		Strengthen Health Information and Management System	Timeline by which DHIS 2 is rolled out for implementation to 30 BHU II)	Date	1.5	November 2016	December 2016	January 2017	February 2017	March 2017
To enhance efficiency and effectiveness of G2C services	5	Provide G2C services through mobile	2 Mobile apps/services operationalized	Status of Work	2	Yes	-	-	-	No
		Provide G2C services effectively	Percentage of services not delivered on time for the 3 G2C services	Percent	2	3	3.5	4	4.5	5
		Resolve citizens grievances	Percentage of grievances redressed	Percent	1	100	97	95	93	90
To improve Ease of Doing Business Ranking	5	Implement action plan to improve the Ease of Doing Business ranking as developed by MoEA	Timeline by which improved Electronic Property and Land Registration system with electronic input and search capabilities operationalized	Date	5	September 2016	November 2016	January 2017	March 2017	May 2017
To create a conducive environment for gender equality and child protection	3	Institutionalize integration of gender equality and child protection concerns	Timeline by which Childcare center (crèche) for the employees is provided	Date	1	April 30th, 2017	-	May 30th, 2017	-	June 30th, 2017
			Timeline by which internal framework to address gender related issues faced by the employee within the sector concerned is developed	Date	1	May 31st, 2017	-	-	-	June 30th, 2017
		Number of health facilities reporting teenage pregnancy	Number	1	10	8	6	4	2	
To prevent	2	Implement action plan	Percentage of IDT recommendations	Percent	2	91-100	81-90	71-80	61-70	<60

corruption		adopted after the conduct of Integrity Diagnostic Test	implemented								
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Section 3: Trend values of success indicators

Objective	Action	Success Indicator	Unit	Actual Values [FY 2013-14]	Actual Values [FY 2014-15]	Target Values [FY 2015-16]	Projected Values [FY 2016-17]	Projected Values [FY 2017-18]
To strengthen diagnostic, curative and palliative healthcare services	Ensure availability of essential drugs and consumables in health facilities	Percentage of health facilities with 95% of essential medicines available at any point of time	Percent	NA	95	96	96	>96
		Percentage of health facilities with 90% of standard consumables available at any point of time	Percent	NA	85	90	90	>90
		Percentage of wastage of medical supplies maintained	Percent	NA	NA	<5%	<5%	<5%
	Ensure functionality of medical equipment	Proportion of medical equipment functional in all health centers at all point of time	Percent	80	90	90	90	90
	Ensure quality laboratory results	Percentage of laboratories with internal quality established in hospitals and BHU I	Percent	NA	NA	90	96	>96
	Strengthen Emergency Medical Services	Number of hospitals with Health Emergency Contingency Plan	Number	NA	12	13	19	25
	Improve pool and deployment of doctors	Number of Dzongkhags with at least three doctors	Number	11	14	16	18	19
Promote	Number of	Number	0	10	15	20	20	

	community-based elderly care program	Dzongkhags with integrated community-based elderly care program established						
	Increase nursing staff strength	Nurse to bed ratio	Percent	1:7.5	1:7	1:6.5	1:6.5	1:6
	Strengthen telemedicine services	Number of hospitals and BHU-I with functional telemedicine facilities	Number	14	0	20	28	32
	Maintain OPD waiting time	Nationwide OPD waiting time from 9 to 11 am	Minutes	23	-	20	20	20
	Improve ambulance services	TAT for ambulance dispatched	Minutes	NA	NA	10	<10	<10
To consolidate and expand health infrastructure and services	Expand health infrastructure	Percentage of physical progress in construction of 150 bedded Central Regional Referral Hospital	Percent	NA	30	55	75	100
		Percentage of physical progress in construction of 40 bedded Tsirang Hospital	Percent	NA	10	30	60	100
		Percentage of physical progress in construction of 40 bedded Deothang Hospital	Percent	NA	0	15	35	100
		Percentage of physical progress in construction of 150	Percent	NA	0	5	25	45

		bedded MCH hospital						
		Percentage of physical progress in construction of 20 bedded Haa hospital	Percent	NA	0	10	40	100
		Percentage of physical progress in construction of VBDCP office	Percent	NA	10	60	100	NA
To improve preventive, promotive and rehabilitative healthcare services	Enhance national response on non-communicable lifestyle related diseases	Number of Health facilities with detoxification services	Number	NA	3	13	20	30
		Number of Dzongkhags implementing active community outreach NCD prevention	Number	NA	0	5	15	20
		Number of Non-communicable Diseases/Diabetes clinics established in hospitals and BHU I	Number	24	28	35	40	45
		Timeline by which Outdoor gyms are established in 20 districts each	Date	-	-	-	Established	-
		Timeline by which Health Impact Assessment Tool is finalized	Date	-	-	Tool developed	Tool finalized	Tool implemented
		Improve access to safe drinking water and sanitation	Percentage of rural household with access to improved sanitation	Percent	NA	60	70	75
		Percentage of rural	Percent	NA	75	80	85	90

	households with functional water supply coverage						
Promote institutional delivery	Percentage of institutional delivery	Percent	69	81	83	83	87
Finance essential RH commodities (contraceptives) through the national budget	Percentage of essential reproductive health commodities (contraceptives) financed through the national budget	Percent	NA	NA	3	34	100
Improve nutrition status of the population	Percentage of health centers carrying out active growth monitoring and follow up for children under 5 years	Percent	NA	0	50	90	100
Strengthen communicable diseases prevention and control	Number of Dzongkhags with 95% immunization coverage of children under 1 year	Number	NA	8	15	19	20
	Sustain 90% HIV testing coverage for Ante-Natal Clinic (ANC) attendees in all districts	Number	7	12	20	20	20
Equip Royal Center for Disease Control (RCDC)	Timeline by which Bio-Safety Level 3 Laboratory functional at Royal Center for Disease Control	Date	-	-	-	March 2017	-
	Timeline by which National Drug Testing Laboratory	Date	-	-	-	December 2016	-

		operational at Royal Center for Disease Control						
To strengthen traditional medicinal services in a sustainable manner	Develop Traditional Medicine Services Strategy	Timeline by which Traditional Medicine Services Strategy finalized	Date	NA	NA	NA	April 2017	NA
	Strengthen production capacity in traditional medicines	Output production of traditional medicines	MT	8	12	13	13	18
		Number of Spa and wellness products developed	Number	NA	NA	1	2	4
	Expansion of Lang-dhug & Numtsug services	Number of TM units with Lang-dhug & Numtsug Services	Number	15	25	35	45	55
	Expand the reach of traditional medicine services	Number of health facilities providing traditional medicine services	Number	51	54	58	61	64
		Total Annual Average Traditional Medicine cases	No Unit	2640	6090	9564	13049	16549
To promote good governance and financially sustainable healthcare	Implement Continuous Quality Improvement (CQI)	Percentage of health facilities (all hospitals and BHU I) with functional Continuous Quality Improvement (CQI) in place	Percent	NA	NA	26	100	100
	Full financing of Essential Drugs and Vaccines by BHTF	Percentage of essential drugs financed fully by BHTF	Percent	NA	100	100	100	100
		Percentage of Pentavalent vaccines	Percent	NA	70	100	100	100

		financed fully by BHTF						
	Increase fund capital and investments of BHTF	Increase in fund capital	Nu. (Million)	NA	1156	1235	1245	1255
	Develop National Health Act	Timeline by which the draft National Health Bill is consulted and discussed with the stakeholders	Date	-	-	Draft for internal discussion	January 2017	Draft for parliament
	Strengthen Health Information and Management System	Timeline by which DHIS 2 is rolled out for implementation to 30 BHU II)	Date	NA	NA	NA	November 2016	NA
To enhance efficiency and effectiveness of G2C services	Provide G2C services through mobile	2 Mobile apps/services operationalized	Status of Work	-	-	-	2	-
	Provide G2C services effectively	Percentage of services not delivered on time for the 3 G2C services	Percent	-	-	-	>95	100
	Resolve citizens grievances	Percentage of grievances redressed	Percent	-	-	-	100	100
To improve Ease of Doing Business Ranking	Implement action plan to improve the Ease of Doing Business ranking as developed by MoEA	Timeline by which improved Electronic Property and Land Registration system with electronic input and search capabilities operationalized	Date	-	-	-	-	-
To create a conducive environment for gender equality and	Institutionalize integration of gender equality and child	Timeline by which Childcare center (crèche) for the employees is	Date	-	-	-	April 30th, 2017	-

child protection	protection concerns	provided						
		Timeline by which internal framework to address gender related issues faced by the employee within the sector concerned is developed	Date	-	-	-	May 31st, 2017	-
		Number of health facilities reporting teenage pregnancy	Number	-	-	-	10	-
To prevent corruption	Implement action plan adopted after the conduct of Integrity Diagnostic Test	Percentage of IDT recommendations implemented	Percent	-	-	-	100	100

Section 4: Definition of Success Indicators

Success Indicator	Description	Data Collection Methodology	Data Collection Frequency	Data Source
Number of Dzongkhags with at least three doctors	Number of Dzongkhags with 3 or more doctors available. Does not include dentists.	Number of Dzongkhags with 3 or more doctors available. Does not include dentists.	Biannually	HRD records
Nurse to bed ratio	Ratio of total nursing staff to bed strengthen	HR data base	Biannually	HRD records
Sustain 90% HIV testing coverage for Ante-Natal Clinic (ANC) attendees in all districts	No. of Dzongkhags with HIV testing coverage above 90% for pregnant women attending Ante-Natal Clinics (ANC)	Monitoring reports	Biannually	Program reports, NACP, DoPH
Percentage of rural household with access to improved sanitation	Improved sanitation is defined as hygienic separation of human excreta from human contact	Monitoring Information System	Annually	Program reports, PHED, DoPH
Percentage of rural households with functional water supply coverage	Rural households having functional water supply (good condition tap stand and water supply line with running water)	Monitoring Information System	Annually	Program reports, PHED, DoPH
Percentage of institutional delivery	Percentage of deliveries attended by trained health workers in health facilities. New methodology from Year 2: BHMIS data with BCG coverage as denominator.	BHMIS	Annually	BHMIS data & Program reports, RH Program, DoPH
Percentage of essential reproductive health commodities (contraceptives) financed through the national budget	34% of the RH commodities (contraceptives) cost finance through RGoB amounting approximately Nu. 4.14 million	Administrative records	Annually	Program reports, RH Program, DoPH
Number of Non-communicable Diseases/Diabetes clinics established in hospitals and BHU I	Health facilities providing non-communicable diseases care and management services (with dedicated clinics established)	Administrative records	Biannually	Program reports, Diabetes Program/ LSRD Program, DoMS/DoPH
Timeline by which Outdoor gyms	Outdoor gyms equipment	Administrative records	Biannually	Program reports, LSRD

are established in 20 districts each	distributed and established in 20 districts each			Program, DoMS/DoPH
Timeline by which Health Impact Assessment Tool is finalized	Health impact tool pretested and endorsed by HLC	Administrative records	Biannually	Program reports, HPD
Number of Health facilities with detoxification services	Establishment and expansion of detoxification services in hospitals	Administrative records	Biannually	Program reports, Mental Health, DoPH
Percentage of health centers carrying out active growth monitoring and follow up for children under 5 years	Percentage of all health centers (hospitals and BHUs) conducting height/length and weight measurements for children under 5 years attending OPD and follow-up for children with severe acute malnutrition (SAM)	Monitoring Reports	Biannually	Program reports, Nutrition Program, DoPH
Number of Dzongkhags with 95% immunization coverage of children under 1 year	Number of Dzongkhag with DPT3 Coverage above 95%	EPI monitoring records	Biannually	Program reports, VPDP, DoPH
Number of Dzongkhags implementing active community outreach NCD prevention	Number of Dzongkhags implementing standard community outreach NCD prevention package. The package involves identifying target groups and periodic outreach visits and interventions by health workers	Administrative records	Biannually	Program reports, LSRD Program, DoMS/DoPH
Nationwide OPD waiting time from 9 to 11 am	Time taken by patient from reception counter till examination by health professional in the chamber	Administrative records (61 HAMT sites)	Annually	HAMT reports, QASD
Number of hospitals and BHU-I with functional telemedicine facilities	Health facilities which have telemedicine services established and in operation with active consultations	Administrative records	Biannually	Program reports, Telemedicine, DMS
Percentage of health facilities with 95% of essential medicines	All Health facilities with 95% of the essential medicines	Administrative records	Biannually	Program reports, DoMSHI

available at any point of time	available at any point of time as per service standard			
Percentage of health facilities with 90% of standard consumables available at any point of time	All Health facilities with 90% of the standard consumables available at any point of time as per service standard	Administrative records	Biannually	Program reports, DoMSHI
Percentage of wastage of medical supplies maintained	Maintain wastage of medical supplies <5%	Administrative records	Biannually	Program reports, DMS
Proportion of medical equipment functional in all health centers at all point of time	Medical equipment functional in all health centers (hospitals and BHU I) at all point of time	Administrative records	Quarterly	Program reports, BMED, DoMSHI
Number of Dzongkhags with integrated community-based elderly care program established	Health facilities providing integrated community based elderly (geriatric) care services. Following dzongkhags to be covered: Chhukha, Paro, Haa, Samtse and Thimphu	Administrative records	Biannually	Program reports, DMS
Percentage of laboratories with internal quality established in hospitals and BHU I	Laboratories running IQC	IQC report	Annually	Diagnostic Program, DMS
Number of hospitals with Health Emergency Contingency Plan	Hospital with Emergency Contingency Plan is place	Administrative records	Biannually	Program reports, EMS,DMS
TAT for ambulance dispatched	Time taken to dispatch ambulance from moment call received	Administrative records	Biannually	Program reports,HHC
Percentage of physical progress in construction of 150 bedded Central Regional Referral Hospital	Construction progress rate	Calculation of physical progress of actual construction assessed by engineers	Monthly	Progress reports, HIDD, DoMSHI
Percentage of physical progress in construction of 40 bedded Tsirang Hospital	-do-	-do-	Monthly	Progress reports, HIDD, DoMSHI
Percentage of physical progress in construction of 40 bedded Deothang Hospital	-do-	-do-	Monthly	Progress reports, HIDD, DoMSHI

Percentage of physical progress in construction of 150 bedded MCH hospital	-do-	-do-	Monthly	Progress reports, HIDD, DoMSHI
Percentage of physical progress in construction of 20 bedded Haa hospital	-do-	-do-	Monthly	Progress reports, HIDD, DoMSHI
Percentage of physical progress in construction of VBDCP office	-do-	-do-	Monthly	Progress reports, HIDD, DoMHSI
Number of TM units with Langdhug & Numtsug Services	Expansion of services in the existing Traditional Medicine Unit	Administrative records	Biannually	Program reports, DoTMS
Number of health facilities providing traditional medicine services	Number of health facilities providing traditional medicine services	Administrative records	Biannually	Program reports, DoTMS
Timeline by which Traditional Medicine Services Strategy finalized	Develop and finalized traditional medicine services strategy	Administrative records	Biannually	Program reports, DoTMS
Number of Spa and wellness products developed	Spa and wellness product develop (two product – Anti wrinkle and Whitening Cream)	Administrative records	Biannually	Program reports, MSP, DoTM
Output production of traditional medicines	Output volume of traditional medicine produced	Administrative records	Biannually	Program reports, MSP, DoTM
Total Annual Average Traditional Medicine cases	Total Annual Average Traditional Medicine cases of TM unit	Administrative records	Biannually	Program reports, DoTMS
Percentage of health facilities (all hospitals and BHU I) with functional Continuous Quality Improvement (CQI) in place	Health facilities (all hospitals and BHU I) with functional Continuous Quality Improvement (CQI) in place	Administrative records	Biannually	Program reports, QASD, MoH
Increase in fund capital	Latest fund capital of the BHTF	Administrative records	Biannually	Program reports, BHTF
Percentage of essential drugs financed fully by BHTF	Total expenditure on essential medicine met from BHTF funds	Administrative records	Biannually	Program reports, BHTF
Percentage of Pentavalent vaccines financed fully by BHTF	Financing pentavalent vaccines	Administrative records	Biannually	Program reports, BHTF

Timeline by which the draft National Health Bill is consulted and discussed with the stakeholders	The finalized draft from MoH consulted and discussed with the stakeholders prior submission to parliament	Administrative records	Biannually	Program reports, PPD, MOH
Timeline by which DHIS 2 is rolled out for implementation to 30 BHU II)	Roll out of District Health Information System to the BHU II with internet connectivity	Administrative records	Biannually	Program reports, HMIS, PPD
Percentage of services not delivered on time for the 3 G2C services	Percentage to be derived from PM's eDesk	PM's e-Desk	Monthly	PM's e-Desk
2 Mobile apps/services operationalized	The developed systems/services need to be operationalized and implemented	system login and testing @ www.citizenservices.gov.bt	Annually	system login and testing @ www.citizenservices.gov.bt
Percentage of grievances redressed	The percentage will be derived from the e-KaaSel	The percentage will be derived from the e-KaaSel	Annually	eKaaSel
Timeline by which Childcare center (crèche) for the employees is provided	This includes setting up of childcare centers in their respective offices (or centrally located centers where there are many offices together).	Physical Verification or Gender Monitoring System	Annually	Agency data/record and reports by Gender (GFP) and Child focal points of the different sectors.
Timeline by which internal framework to address gender related issues faced by the employee within the sector concerned is developed	The indicator refers to development of an internal framework within each sector to address gender issues faced by the employees within the sector and provide conducive working environment for the female employees. The framework should include the following areas: - Mechanisms/procedures to report on harassment at work place including sexual harassment (should designate a focal person who will facilitate	Consultations, Bilateral Meetings	Annually	Agency report/record and GFP reports.

	<p>reporting of such issues to higher authorities) within the sector.</p> <ul style="list-style-type: none"> - Provision of facilities like breastfeeding room for nursing mothers and customers (for office providing services to the public), separate toilets for male and female employees with basic amenities like sanitary bins in the female toilets - Inclusion of female representative in the important committees of the sector - Implementation of flexi timing to working mothers - Awareness for all the employees on gender and child protection issues including sexual harassment and introducing a system where all new recruits/employees of the sector to be sensitized on basic concepts and issues related to gender and child protection. <p>This indicator will be applicable to all Ministries and Autonomous Agencies of the government. The Ministry of Labour and Human Resources will be required to include provisions on establishment of reporting mechanism on sexual harassment at workplace in place in addition to the above areas while developing the internal framework.</p> <p>NCWC as the lead coordinating agency of the government on women and children will provide</p>			
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	necessary guidance and technical assistance in developing the internal framework.			
Number of health facilities reporting teenage pregnancy	This includes maintaining proper record of teenage pregnancies and reporting to the Ministry of health by health facilities (Hospitals and BHUs)	Discussions, Monitoring	Annually	Record maintained by the Ministry
Percentage of IDT recommendations implemented	To track implementation of IDT recommendations	Regular reporting by ACC focal in the Ministry	Annually	Administrative Records

Section 5: Requirements from other Ministries, Agencies & Dzongkhags

Organisation Name	Relevant Success Indicator	Requirement from the Organisation	Justification for the Requirement	Requirement detail	Impact (If Not Met)
MINISTRY OF FINANCE	Percentage of essential reproductive health commodities (contraceptives) financed through the national budget	Allocation of budget for essential RH commodities (contraceptives)	Donor/Development Partners support is reducing	Ensure 34% of the essential Reproductive Health commodities (contraceptives) cost finance through RGoB - which amounts to Nu. 4.14 million	Inadequate availability essential RH commodities (contraceptives) in health centers and compromise quality of reproductive health services
MINISTRY OF EDUCATION	Percentage of health centers carrying out active growth monitoring and follow up for children under 5 years	All education institution must follow the dietary guidelines	Micronutrient deficiencies among school children	Policy and monitoring mechanism to ensure adherence to school based dietary guidelines	Nutritional status among school children may be compromised
MINISTRY OF AGRICULTURE AND FORESTS	Percentage of health centers carrying out active growth monitoring and follow up for children under 5 years	Promote school agriculture and supply of farm produce to schools	Micronutrients deficiencies among school children	Policy and monitoring mechanism to promote adequate/appropriate nutrition	Nutritional status among school children may be compromised
MINISTRY OF AGRICULTURE AND FORESTS	Number of Spa and wellness products developed	Promote/incentivize sustainable cultivation of raw materials for traditional medicine	Increase production capacity to meet demand; sustainable harvesting of raw materials for traditional medicine	Promote/incentivize sustainable cultivation of raw materials for traditional medicine	Inability to meet the demand for traditional medicine; sustainability is compromised
MINISTRY OF INFORMATION & COMMUNICATIONS	Timeline by which DHIS 2 is rolled out for implementation to 30 BHU II)	Ensure internet connectivity in all health facilities	Required for online data management and reporting	Internet connectivity in all health facility	Hampers timely data management and reporting

ROYAL CIVIL SERVICE COMMISSION	Number of Dzongkhags with at least three doctors	Recruitment of about 30 doctor annually into civil service	Shortage of doctor	Ensure induction of MBBS candidate	Quality of health services compromised
ROYAL CIVIL SERVICE COMMISSION	Percentage of physical progress in construction of 150 bedded Central Regional Referral Hospital	Recruitment of engineering staff on contract for health infrastructure projects	Shortage of engineer. Unfavorable contract condition	Facilitate on recruitment on contract	Construction of infrastructure project may not complete on time
ROYAL CIVIL SERVICE COMMISSION	Percentage of physical progress in construction of 40 bedded Tsirang Hospital	Recruitment of engineering staff on contract for health infrastructure projects	Shortage of engineer. Unfavorable contract condition	Facilitate on recruitment on contract	Construction of infrastructure project may not complete on time
ROYAL CIVIL SERVICE COMMISSION	Percentage of physical progress in construction of 40 bedded Deothang Hospital	Recruitment of engineering staff on contract for health infrastructure projects	Shortage of engineer. Unfavorable contract condition	Facilitate on recruitment on contract	Construction of infrastructure project may not complete on time
ROYAL CIVIL SERVICE COMMISSION	Percentage of physical progress in construction of 150 bedded MCH hospital	Recruitment of engineering staff on contract for health infrastructure projects	Shortage of engineer. Unfavorable contract condition	Facilitate on recruitment on contract	Construction of infrastructure project may not complete on time
ROYAL CIVIL SERVICE COMMISSION	Percentage of physical progress in construction of 20 bedded Haa hospital	Recruitment of engineering staff on contract for health infrastructure projects	Shortage of engineer. Unfavorable contract condition	Facilitate on recruitment on contract	Construction of infrastructure project may not complete on time
ROYAL CIVIL SERVICE COMMISSION	Percentage of physical progress in construction of VBDCP office	Recruitment of engineering staff on contract for health infrastructure projects	Shortage of engineer. Unfavorable contract condition	Facilitate on recruitment on contract	Construction of infrastructure project may not complete on time
All Dzongkhags	Number of Dzongkhags with 95% immunization coverage of children under 1 year	Feature these indicators in the Dzongkhag APA with any targets but not	National achievements are dependent upon the achievements at the Dzongkhag level	Concerted efforts to achieve the targets at least at the minimum suggested	National target will not be met

		lower than national targets (above 95%). Maintain resources and make concerted efforts to achieve national target and prevent infant mortality			
All Dzongkhags	Percentage of rural households with functional water supply coverage	Feature these indicators in the Dzongkhag APA with any targets but not lower than national targets (above 85%). Maintain resources and make concerted efforts to achieve national target	National achievements are dependent upon the achievements at the Dzongkhag level	Concerted efforts to achieve the targets at least at the minimum suggested	National targets will not be met
All Dzongkhags	Percentage of institutional delivery	Feature these indicators in the Dzongkhag APA with any targets but not lower than national targets (above 83%). Maintain resources and make concerted efforts to achieve national target and prevent infant and maternal mortality	National achievements are dependent upon the achievements at the Dzongkhag level	Concerted efforts to achieve the targets at least at the minimum suggested	National targets will not be met
All Dzongkhags	Percentage of health centers carrying out active growth monitoring and follow up for children under 5 years	All health centers carry out active growth monitoring and follow up for children under 5 years	National achievements are dependent upon achievements at the Dzongkhag level	All health centers (hospitals and BHUs) conducting height/length and weight measurements for children under 5 years attending OPD	National targets will not be met

				and follow-up for children with severe acute malnutrition (SAM)	
MINISTRY OF ECONOMIC AFFAIRS	Number of Health facilities with detoxification services	Control sale of alcohol beverages	Rising alcohol liver diseases	Impose restriction on alcohol sale	Increasing incidences of alcohol related morbidity and mortality
MINISTRY OF ECONOMIC AFFAIRS	Number of Non-communicable Diseases/Diabetes clinics established in hospitals and BHU I	Control import of sugar and sugary products	Increasing burden of NCD such diabetes	Impose restriction on imports of sugar and sugary products	Increasing incidences of morbidity and mortality due to NCD
All Dzongkhags	Percentage of wastage of medical supplies maintained	Feature these indicators in the Dzongkhag APA with any targets but not lower than national targets (<5%). Maintain resources and make concerted efforts to achieve national target	National achievements are dependent upon the achievements at the Dzongkhag level	Concerted efforts to achieve the targets at least at the minimum suggested	Concerted efforts to achieve the targets at least at the minimum suggested
All Dzongkhags	Percentage of health facilities with 95% of essential medicines available at any point of time	Feature these indicators in the Dzongkhag APA with any targets but not lower than national targets (above 95%). Maintain resources and make concerted efforts to achieve national targets (above 95%).	National achievements are dependent upon achievements at the Dzongkhag level	Concerted efforts to achieve the targets at least at the minimum suggested	National targets will not be met
All Dzongkhags	Percentage of health facilities with 90% of standard consumables available at any point of time	Feature these indicators in the Dzongkhag APA with any targets but not lower than national	National achievements are dependent upon achievements at the Dzongkhag level	Concerted efforts to achieve the targets at least at the minimum suggestedNational	National targets will not be met

		targets (above 90%). Maintain resources and make concerted efforts to achieve national target.		targets will not be met	
All Dzongkhags	Number of Dzongkhags implementing active community outreach NCD prevention	Maintain resources and make concerted efforts to carry out community based health promotion activities for prevention of NCDs (with focus on reduction of salt consumption).	Increasing burden of NCD	Implementing standard community outreach NCD prevention package	Increasing morbidity and mortality due to NCDs
All Dzongkhags	Number of Dzongkhags with integrated community-based elderly care program established	Promote community based elderly care intervention	Intervention are carried out at community level	Health facilities to provide integrated community based elderly (geriatric) care services	Geriatric health would remain unaddressed

Whereas,

I, the Secretary, Ministry Of Health, commit to the Minister, Ministry of Health and the people of Bhutan to deliver the results described in this Annual Performance Agreement.

I, the Minister, commit to the Secretary, Ministry Of Health, on behalf of the Government and the people of Bhutan, to provide the necessary fund and resources for delivery of the results described in this Annual Performance Agreement.

SIGNED:



Tandir Wangchuk
Minister
Ministry of Health

27/07/2016

Date



Dr. Ugen Dophu
Secretary
Ministry of Health

27/07/2016

Date